PTO/SB/17 (01-06)
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no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/665,151-Conf. #5782 Application Number FEE TRANSMITTAL September 22, 2003 Filing Date For FY 2006 Vishnu K. Agarwal First Named Inventor **Examiner Name** H. V. Pham 2814 Applicant claims small entity status. See 37 CFR 1.27 Art Unit M4065.0195/P195-B TOTAL AMOUNT OF PAYMENT 910.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): None Money Order Check x Credit Card Dickstein Shapiro Morin & Oshinsky LLP Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH,	AND EXAMINATION FEES
	FILING FEES

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	FILIN	NG FEES	SEAF	RCH FEES	EXAMIN	ATION FEES	
		Small Entity		Small Entity		Small Entity	
Application Type	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. FXCESS CLAIM FEES							Small Entity

2. EXCESS CLAIM FEES

Fee Description	<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
	Multiple Dependent Claims	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	<u>Multiple Dep</u>	endent Claims
	=	x =		Fee (\$)	Fee Paid (\$)
HP = highest numer	of total claims paid for	, if greater than 20	D		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
	=	× =			
LID - bishast -umor	of independent claims	noid for if greater	rthan 3		

Extra Sheets

3. APPLICATION SIZE FEE

- 100 =

Total Sheets

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Fee (\$) Number of each additional 50 or fraction thereof

4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 1801 Request for continued examination (RCE) (see 37	120.00 790.00

(round up to a whole number) x

SUBMITTED BY	77 ()				
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